

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>DB</i>	<i>10303</i>	<i>4-12-00</i>
O.I.P.E. CLASSIFIER		<i>49</i>	<i>4/26/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>MB</i>	<i>10303</i>	<i>6-13</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
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Claim	Final	Original	Date
51	✓	✓	✓
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy